



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9083

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER 10/736,866 | FILING DATE 12/16/2003 RULE | CLASS 623 | GROUP ART UNIT 3732 | ATTORNEY DOCKET NO. 101.0089-02000 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

APPLICANTS

Gary K. Michelson, Vanice, CA;

** CONTINUING DATA *****

This application is a CON of 09/941,425 08/28/2001 PAT 6,666,890
which is a CON of 09/553,000 04/19/2000 PAT 6,350,283

oh *guy*

** FOREIGN APPLICATIONS *****

None *guy*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/22/2004

| | | | | | |
|--|--|---------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | CA | 6 | 30 | 1 |
| Examiner's Signature <i>[Signature]</i> Initials | | | | | |

ADDRESS

22882
MARTIN & FERRARO, LLP
1557 LAKE O'PINES STREET, NE
HARTVILLE, OH
44632

TITLE

Bone hemi-lumbar interbody spinal fusion implant having an asymmetrical leading end and method of installation thereof

| | | |
|-----------------------------------|---|---|
| FILING FEE RECEIVED 950 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------------|---|---|